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Original Communications.

REPORT ON THE CASES OF PNEUMONIA TREATED IN THE BOSTON CITY HOSPITAL FROM ITS OPENING, JUNE 1, 1864, UNTIL FEBRUARY 8, 1868.

Read before the Boston Society for Medical Improvement, March 23d, 1868, by J. N. BORLAND, M.D.

THE accompanying table presents the history of 90 cases of pneumonia which have been treated during their respective terms of service by the Visiting Physicians of the Boston City Hospital, from the opening of that Institution on June 1st, 1864, until February 8th, 1868.

These cases I have taken in their regular sequence, according to their dates, from the Medical Record Books, and I have rejected from the series all cases which were in any ways doubtful as to their true diagnosis; and also all of those cases, of which there have been several, where the patients were brought to the Hospital either by their friends, or by the police, in a moribund condition. I have included cases that were complicated with other diseases, but only such as were treated for pneumonia primarily and chiefly.

An examination of this Table shows us the following points of interest.

Sex.—Of these 90 cases, 57 were males, 33 females.

Nationality.—But 30 were born in North America, four of these being Canadians. Of the remainder, 52 were Irish, 3 Germans, 2 English, 1 Swede, 1 Frenchman, 1 Italian. This point of nationality is interesting in its relations to the open questions of acclimatization of emigrants.

Occupation.—In persons employed as servants, or leading in otherways sheltered or sedentary lives, there were 39 cases. Of those whose occupations necessarily exposed them at times to rather high degrees of heat, and in some instances to moisture, there were 7 cases. The remaining 44, occurred in those classes whose modes of life caused them to be more or less exposed to open weather.

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Age.—The average age of the males, was 31 years, 8 months; of the females, 30 years, 4 months; that of both sexes was 31 years, 2 months. From the age of 1 to 10 years, there was 1 case—a female; from 10 to 20 years, there were 8 cases—4 being females; from 20 to 30 years, there were 43 cases—15 being females; from 30 to 40 years, there were 17 cases—6 being females; from 40 to 50 years, there were 9 cases—3 being females; from 50 to 60 years, there were 10 cases—3 being females; from 60 to 70 years, 1 case—a male; from 70 to 80 years, 1 case—a female.

Admissions.—If I include with the cases in the table about 10 which I rejected for reasons previously stated, we shall have a total of 100 cases of pneumonia, admitted up to 8th of February last, at which date there had been a total of 2,076 medical patients, being about 5 per cent. of the whole; this may be taken as an approximation to the amount of pneumonia in the sick, seeking hospital relief. These 90 cases were admitted, according to seasons, as follows: in the winter months, 31—viz., in December 14, in January 9, in February 8; in the spring months, 17—in March 10, in April 4, in May 3; in the summer months, 12—in June 1, in July 3, in August 8; in the autumn months, 30—in September 6, in October 10, in November 14.

Duration.—In these cases I have computed, as accurately as could be ascertained, the duration of the disease from its commencement; that is, from the rigor until its entire disappearance, covering the term of convalescence as well as the mere period of activity. This gives an average of 39½ days. The average duration of stay in the hospital was 28 days.

Results.—These cases resulted as follows:—49 males and 27 females were discharged well; 1 male, 1 female relieved; 7 males and 5 females—or 12 in all, being 7½ per cent.—died. In J. H. Bennett's clinical lectures, he gives a tabulated series of all the cases of acute pneumonia which for sixteen years he had personally treated in the clinical wards of the Royal Infirmary

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at Edinburgh, and gives as his results a mortality of 1 in 32 $\frac{1}{2}$, and in all the uncomplicated, whether single or double, not one died, his series being 105 in number. With such results attained by Dr. Bennett, one turns naturally to the 12 fatal cases which I have tabulated, to see if any cause can be found for such a difference.

Case 1 was that of a girl of feeble health, with apparent tendency to pulmonary hæmorrhage, had been sick three weeks, and was much enfeebled at entrance.

Case 10 was one of double pneumonia, and was progressing in a perfectly satisfactory manner, when she was attacked with cerebro-spinal meningitis, which resulted fatally in twenty-eight hours.

Case 26 was one of single disease, located in the upper half of the left lung, and was complicated with phthisis and fatty degeneration of the kidneys.

Case 33 was one of extensive double pneumonia, sick twenty-one days before entrance, and complicated with pleurisy and probably with phthisis.

Case 41 was one of mild single pneumonia, complicated possibly with phthisis, dying unexpectedly and suddenly, with symptoms strongly suggesting embolism.

Case 44 was admitted for chronic rheumatism and great debility after privation, having been made prisoner by Semmes, in the late war. The disease supervened on these complications.

Case 50 was an uncomplicated case of extensive double pneumonia; entered on the eighteenth day of the disease, and died on the twenty-third.

Case 52, after two days residence in the hospital, died on the ninth day of the disease; was complicated with typhoid fever.

Case 67, double; complicated with surgical injury and pleurisy.

Case 68, double; uncomplicated and very extensive.

Case 73, double; admitted on twenty-first day of illness and died on twenty-sixth; no complication; numerous small gangrenous abscesses were found in the right lung at the autopsy.

This review shows that only 3 cases, Nos. 50, 68 and 73, were uncomplicated, a mortality of 5 per cent. of the uncomplicated total; and that 2, Nos. 10 and 41, should be taken out of this list, being, with reference to pneumonia, accidental deaths—making the true mortality for the whole series, 10.

The male case relieved was a boy, who, when allowed his clothes, he being convalescent, eloped. The female case was in a

feeble elderly woman, the disease being of a subacute character, and, when discharged, suffering from chronic bronchitis.

Locality and Amount of Disease.—In 2 cases this is not stated. Of the remainder, 42 were double, 46 single. In the double cases, 16 were stated to have the lungs equally affected; in 16 the right lung was most extensively diseased; in 10, the left. In the single cases, 28 were confined to the right side, and in 18 the left lung was diseased.

Complications.—60 cases were uncomplicated; 30 complicated, and as follows:—Phthisis in 6 cases; phthisis and bronchitis, 1 case; phthisis and pleurisy, 1 case; phthisis and fatty degeneration of the kidney, 1 case; fatty degeneration of the kidney and sub-acute rheumatism, 1 case; rheumatism, acute, 1 case; rheumatism, acute, and measles, 1 case; chronic rheumatism and debility, 1 case; debility, 2 cases; pleurisy, 3 cases; pleurisy and surgical injury, 1 case; surgical injuries alone, 3 cases; surgical injury and erysipelas, 1 case; intermittent fever, 2 cases; typhoid fever, 3 cases; acute bronchitis, 1 case; cerebro-spinal meningitis, 1 case. One case, also, was followed by pelvic cellulitis, and one by an attack of facial erysipelas. One case showed gangrenous abscesses at the autopsy.

Treatment.—The greater proportion of these cases have been treated according to the plan set forth by Dr. Bennett, by restoratives directed to further the natural progress of the disease, and supporting the vital strength, not endeavoring to cut the disease short, or to weaken the pulse or the vital powers. The general outline of this mode of nutrition and stimulation in the hospital has been as follows:—Milk always by the bedside for the patient to drink at will. Beef-tea and wine whey, given alternately, regulating the frequency by the severity of the case. In the most severe cases they are given, every two hours, three or four ounces, and, in some cases, for a while, two ounces every hour alternately; so that the patient gets from six to twelve ounces of sherry wine daily, that is, during the waking hours of the twenty-four. If there is great debility, milk punch or brandy punch is substituted for the wine whey. As soon as possible, the alcoholic stimulus is withdrawn, and is replaced by soups, &c. As soon as convalescence takes place, and the patient begins to ask for food, he is placed on a liberal diet of mixed animal and vegetable food. External applications have been made in many cases, by enveloping

the entire side affected, or both sides if necessary, in a "jacket poultice" of flaxseed meal, which is carefully attended to and always kept warm and fresh. The active symptoms over, if convalescence seems likely to be protracted from any cause, cod-liver oil, iron, quinine, &c., have been given as judged necessary. In six cases only were calomel and antimony given, all of which recovered. In no case was bleeding practised.

Finally, these cases have been treated either wholly, or in the commencement, in the following terms of service:—By Dr. J. Homans, 5 cases; Dr. W. W. Morland, 5 cases; Dr. J. P. Reynolds, 5 cases; Dr. J. H. Blake, 7 cases; Dr. J. N. Borland, 21 cases; Dr. J. B. Upham, 23 cases; Dr. F. E. Oliver, 24 cases.

Reports of Medical Societies.

OBSTETRICAL SOCIETY OF BOSTON. SECRETARY,
HOWARD F. DAMON, M.D.

APRIL 4th, 1868.—The Society met at the house of Dr. Read, at 8, P.M., the President, Dr. Putnam, in the chair.

Dr. Putnam communicated the following paper on Spontaneous Version and Spontaneous Evolution of the Fetus during Labor.

Several months ago, a case of twin labor, with "spontaneous evolution," was reported by Dr. Ellis. Os uteri partially dilated; through the unruptured membranes could be felt a hand; this gradually passed on, followed by an elbow. Without rupturing the membranes, Dr. Ellis very wisely facilitated the movement, and after several hours the membranes ruptured, the breech presented, and the child was born living.

I will communicate to the Society a few somewhat similar cases—the first and third under my immediate care, the others in consultation. I would premise that Dr. Ellis's case should rather be entitled spontaneous version, in which case the fetus revolves within the uterus, and any part may present; whereas, in "evolution," the shoulder is crowded into the outlet of the pelvis, and the acromion, under the arch of the pubes, serves as a pivot on which the trunk and lower extremities revolve.

I.—*Spontaneous Version*.—A healthy woman, aged 30; has had two children. In both, the presentation was said to have been abnormal—both stillborn. On the present occasion, the membranes broke, without

uterine pain, twelve hours before I was called. I found the right arm presenting, swollen and livid. Pains violent; rigid contraction, increased by every attempt to "turn." This happened before the days of etherization, and after having made, with the assistance of an able medical friend, every effort consistent with safety, we decided to wait and try the effect of depletion and other means. I left him in charge for three quarters of an hour, and on my return found the child just born. My friend stated that the movement began suddenly, without his agency, the shoulder receding and the breech presenting. The mother did well.

II.—*Spontaneous Cephalic Version*.—The patient had been in labor eight hours, membranes ruptured, pains active, shoulder presenting. I left her in charge of a very competent practitioner, and within half an hour the shoulder receded, the head presented, and labor quickly terminated.

III.—*Spontaneous Version at the Seventh Month; Placenta Previa*.—Fifth pregnancy. During a week, had slight attacks of hæmorrhage without pain, when suddenly there occurred profuse hæmorrhage, with faintness; sudden violent pain; placenta and membranes thrown into vagina. Hæmorrhage then ceased. Shoulder presented, but in fifteen minutes receded; the breech came down.

IV.—*Twins; Spontaneous Evolution*.—This patient was under the care of my friend, Dr. Samuel Morrill. One child was born just as he arrived. The second presented the right arm, the head in the left iliac fossa. As the soft parts had been already dilated by the passage of the first child, and the pains were strong, we decided to await the natural efforts, and, in about ten minutes, evolution occurred. *The arm and shoulder did not recede*, but the side and hips were forced down, followed immediately by the lower extremities. No delay occurred in delivery of the head. The heart pulsated for a few minutes, but the child could not be resuscitated. Each child weighed six pounds. The mother did well. I saw the patient twenty minutes after the arm came down. The actual evolution occupied ten minutes, so that the whole process was completed in about half an hour.

Besides the instance of cephalic version above stated, three other cases have been communicated to me in which it was effected, and in one of them with ease, though it was undertaken, without much hope of success, by a gentleman not especially conver-

sant with obstetric practice. In 1852, a case of spontaneous pelvic version was published by Dr. Read, in which the child, after delivery of the breech, "struggled violently," but died before the head could be extricated. The late Dr. Gould reported to me a case in which the arm, having remained down for two or three hours, receded, the breech descended, and both mother and child did well.

In cases like the above, the obvious indications are to further the version if begun, and if not begun, even at a late period of the labor, to make reasonable trial of the means likely to set it in motion. If pelvic version is effected, the risks to the child are simply the risks that appertain to ordinary breech presentations. Cephalic version is preferable if it can be brought about without violence, but not if force is to be used, nor, if to get command of the head, the arm is to be introduced into the cavity of the uterus. Cephalic version has lately been revived by Dr. Wright, of Cincinnati, who considers it, with some exceptions, safer both for mother and child, having practised it with remarkable success.*

The occurrence of spontaneous version has been considered so infrequent, and the probability of bringing it about by manipulation so slight, that "turning" by the feet is usually resorted to at the earliest suitable moment, before the uterus has had time to contract upon the child. The cases above stated, however, indicate that spontaneous version is not so very rare, and that it might frequently be induced by well-directed measures. Now, too, that relaxation can be reproduced by etherization, there is less need of immediate interference, especially in the face of great obstacles. We meet, of course, with cases in which imminent danger to mother or child makes any delay inadmissible. The following, which I saw with Dr. Alexander, is an instance of persistent thoracic presentation, where the child might have been saved by prompt interference. She was the mother of five children, and had been in labor, without medical attendance, 36 hours before he was called. On examination, we found the vagina filled with what seemed to be a sac full of loose bones. On further investigation, this proved

* Dr. Wright's mode of operating is well defined, and consists in restoring the arm if prolapsed. The fingers of the right hand are then to be applied upon the acromion process, the thumb upon the axillary ribs. "Lateral pressure is then made upon the shoulders in such a way as to give the body of the fetus a curvilinear movement." With the left hand externally, the breech is pressed in the opposite direction towards the centre of the abdomen.

to be the left thorax, which had been moulded by long-continued pressure and crowded into the vagina. Under full etherization, I was able to "turn" without difficulty. The mother did well.

The amount of pressure, provided it is intermittent, which the fetus will sustain without injury, in some transverse positions, is quite remarkable. Twice I have had occasion to "turn" when the arm had been down twenty-four hours; both mothers and children did well. In one case, the arm had been down four days, when Dr. Bowditch was requested to see the patient, and asked me to assist him. The "pains" were strong and frequent, the left arm turgid and livid; pulsation natural. Having etherized her to stertorous unconsciousness, I was able to bring down a foot sufficiently to get a tape looped round the ankle, and by drawing on this with the right hand, and rotating the hip with the left, the delivery was readily completed. Both mother and child did well.

The paper of Dr. Putnam was listened to with much interest.

Dr. Abbot reported a case of twins, in which the abdomen of the mother was enormously distended, so that she was obliged to keep her bed the last three months of pregnancy, on account of the excessive pain in the abdominal muscles when in an erect position, and to use opiate enemata at night. She had had three living children, and seven subsequent miscarriages. During the first three months of pregnancy, she had, almost every day, some slight discharge of blood from the uterus. The circumference of her abdomen was sixty-two inches, the patient being a small woman; her weight, in health, never having exceeded 108 lbs. The quantity of liquor amnii was immense, and escaped gradually for two days previous to her delivery. The first child, a male, was extracted with the forceps, and weighed 6½ pounds. As uterine pains were wanting, half a drachm of the fluid extract of ergot was given, and the second child, a female, which weighed 7½ pounds, was born. The uterus contracted well. The after pains lasted two days.

Dr. Sinclair remarked that tedious labor is usual in cases where there is a large quantity of liquor amnii, and reported a case of acephalous fetus where there was an excessive quantity of this fluid, and the labor was a tedious one.

Dr. Putnam thought the cessation of labor pains was from atony of the uterus, and reported a case in which they ceased for seven hours.

The following cases were then communicated by Dr. Sinclair.

CASE I.—*Remarkable Watery Discharge, tinged with Blood, coming from the Vagina soon after Delivery.*—Mrs. — was delivered of her second child, a male, on March 5th, 1868, after an easy labor of only five hours' duration. In about two hours after delivery, she began to flow very freely, but it was remarked by the nurse that it had not the deep tinge of ordinary uterine hæmorrhage; on the contrary, it was light, and resembled water to which a small quantity of blood had been added. The discharge continued for more than an hour, and saturated a large quantity of linen, which had the appearance as if immersed in a slightly bloody fluid. The patient was 27 years old, short, very stout, and had an exceedingly flabby abdomen—just such an abdomen as the accoucheur might fear *post-partum* hæmorrhage in. The after-pains were pretty violent for several hours, but not more so than frequently seen in cases where nothing abnormal ensues on labor. She recovered excellently.

CASE II.—*Accidental Hæmorrhage; Twins.*—Mrs. —, aged 34, not strong of late, in fourth pregnancy, and at full term. The labor pains were moderate, and lasted fourteen hours. About thirty minutes before delivery, and shortly after being called, a slight show of blood was seen to come from the vagina for the first time. This did not seem remarkable, as an equal amount, under apparently similar circumstances, had been frequently observed before in cases of labor. Here, as it will be seen, it indicated a more serious state of things. Soon, a child was born in the natural position, followed by a large mass of clots, and by water. It then became evident that there was a twin *in utero*. In a few minutes, the second child was born. It was dead and blanched. The placenta of the last born had become detached from the uterine wall, and the infant bled to death. The surface of this placenta, with clots attached, readily distinguished it from that pertaining to the living twin. As it has been made to appear, there were two distinct placentæ and two bags—the latter agglutinated at their opposed surfaces.

Dr. Wellington had seen, several years ago, a case of watery discharge from the uterus, which took place twelve hours after delivery, and was so copious that it soaked through the bed.

Dr. Putnam spoke of a case of chronic inversion of the uterus which had come under his care, and which was now doing

well. He had seen a case of recent inversion, of thirty-six hours' duration, in which the uterus filled the vagina, but did not protrude from it. It was reduced, and the patient has done well. It occurred two weeks since.

Dr. Abbot reported a case of ascites in a young woman, the wife of a physician, which was not detected until immediately after delivery. The abdomen then appeared almost as large as before. Dr. Abbot suggested that this condition might be due to albuminuria, which had possibly existed during pregnancy. At the time of his examination, which was three weeks after her confinement, there was no evidence of any disease of the heart, liver or kidneys; neither could any abdominal disease be detected after tapping. There was no anasarca.

Dr. Abbot also reported a case of rapid labor. The patient was the wife of a young mechanic, who had been for some weeks out of employment. During the evening of a recent snow-storm, being quite destitute, she had gone for food to a house in the west part of the city. She had scarcely reached the door, when labor commenced. So rapid was it that she could not be got up stairs, and was therefore confined in the hall. When Dr. A. arrived, the babe was beside her. He removed the placenta, and the patient, with very little assistance, walked up into the kitchen. She was extremely mortified that such an accident should have ever happened to her. The mother and child were sent home in a carriage, and, next day, they were reported as doing well.

Dr. Cotting then said, as Dr. Abbot had reported a case of rapid labor, he would give one in which there was *good calculation*. The subject of Dr. Cotting's remarks was a domestic in a family in the suburbs, who were ignorant of her situation. Having symptoms of commencing labor, she sent for a wagon, and was driven by a boy to a wood at some distance. He was told to drive on, and return for her in half an hour. At the appointed time she met him, with a bundle in her arms. On the way home she fainted, and was taken to a house *with her babe*. Her recovery from confinement was rapid; and she subsequently applied to Dr. C. for a situation as wet-nurse, when he learnt the facts of the case.

The following cases were reported by Dr. Read.

CASE I.—*Severe Neuralgia during Pregnancy.*—The patient was a young married lady, who had more or less severe neuralgia in her right side, during the last four

months of pregnancy, and whom he had injected thirty-two times with an average dose of half a grain of morphine. She was confined two weeks since—a month previous to her expected time. The after-pains were severe, and the neuralgia changed from the right side to the left groin. In this situation, it was not subdued, as before, by the injection of morphine.

CASE II.—Accidental Hemorrhage; premature Delivery.—Dr. Read reported a case of accidental hemorrhage, which commenced two days previous to delivery, and in which the patient gave birth to a child at the sixth month, enclosed in the membranes. These were cut open, but the child gasped and died. It was blanched.

CASE III.—Accidental Hemorrhage; Epistaxis; Icterus; Parturition; Death.—On the next day after the delivery of the patient whose case had just been narrated, Dr. Read was called to visit a lady at the South End, who had been bleeding more or less for two weeks. She had a cough, and there was blood in her sputa. At the next visit, the sputa were free, but the posterior nares were full of blood. The blood in the previous instance was supposed to be derived from this source. At the third visit, the patient was yellow as in jaundice. The next day, labor came on and was easy, but the patient died twenty minutes after delivery.

CASE IV.—Premature Delivery; Retention of part of the Placenta; Subsequent Phlebitis.—Dr. Read reported the case of a patient who aborted at the third month, and in whom a portion of the placenta remained for forty-eight hours. Subsequently, there was pain in the apex of right lung, which was relieved by a subcutaneous injection of morphine. There was inability, after this, to lie on that side. About ten days after delivery a cough came on during the night, which resisted counter-irritants, &c. The pulse was 120; hands dry, but afterwards cool and moist. She has been able to sit up and be about her room.

Last Saturday, Dr. R. visited his patient with the intention of advising her to ride out. She was found suffering from pain in the leg. It was swollen and semi-elastic, and there was a red spot on the calf. The veins were swollen to the groin. There was no lochial discharge. The placenta had all come away on the fifth day, and the lochia then ceased. Yesterday and to-day, the cough appeared to be returning.

NORFOLK DISTRICT MEDICAL SOCIETY OF MASSACHUSETTS. P. O'M. EDSON, M.D., ASS'T SEC.

The annual meeting of the Norfolk District Medical Society was held at the Phoenix House in Dedham, Wednesday, May 13th, 1868, at 11, A.M. The number present was unusually large. The President, Dr. Cotting, in the chair. The records of the last meeting were read and accepted.

The Treasurer made his annual report, showing a considerable balance in the treasury. Referred to an auditing committee.

The Censors reported that they had examined and admitted into the Massachusetts Medical Society, Dr. Benj. H. Mann (H. U.), of Roxbury; Dr. C. H. Davis (H. U.), of Dorchester; and Dr. Chas. L. Edwards (F.R.C.S.), of Hyde Park.

Dr. Burgess, Chairman of Committee on Nominations, appointed at the last meeting, reported that the Committee had had frequent consultations, and had unanimously agreed upon the following list of candidates for officers for 1868-69: *President*—Dr. Benj. E. Cotting, of Roxbury. *Vice President*—Dr. C. C. Holmes, of Milton. *Secretary*—Dr. Edward Jarvis, of Dorchester. *Treasurer*—Dr. Benj. P. Burgess, of Dedham. *Commissioner on Trials*—Dr. Eben. Alden, of Randolph. *Councillors*—Drs. Ira Allen of Roxbury, T. E. Wood of Randolph, Benj. E. Cotting of Roxbury, Benj. Cushing of Dorchester, W. C. B. Field of Dorchester, Ezra Abbott of Canton, Edward Jarvis of Dorchester, Alex. LeB. Munroe of Medway, Ebenezer Stone of Walpole. *Censors*—Drs. George Faulker of Jamaica Plain, Jas S. Greene of Dorchester, Joel Seaverns of Roxbury, Chas. C. Tower of South Weymouth, C. E. Stedman of Dorchester. *Committee of Supervision*—Drs. S. E. Stone of Walpole, Joseph Stedman of Jamaica Plain. *Librarian*—David S. Fogg of South Dedham.

These gentlemen were then elected by ballot, *nem. con.*

On the result of the election being announced, Dr. Cotting said, that after repeated declinations, and a sincere desire to retire, he again acceded to the office, since the Society had so clearly indicated its satisfaction in its own recent activity. We "had not done much," perhaps, for the world at large, but surely something of interest and usefulness to ourselves. Grand discoveries and inventions reward only a few, and "great expectations" in this direction are not often realized by those who only seek such distinction. But all of us are constantly with the sick, and "the sci-

ence of the sick man" is ever open to investigation. It is a science as much as that of anatomy, physiology, chemistry, &c., and as worthy of cultivation. Independent, also, of other sciences, it gives scope enough for the exercise of the greatest genius, and abundant opportunities for the humblest observer. It is peculiarly within the province of the practitioner, and every one among us can hasten its advancement if, ant-like, he will bring hither his little contribution and add it to the heap.

Following up this idea, the President said he would appoint the following gentlemen to read papers, at the next meeting, on the subjects assigned them:—Dr. Fifield, of Dorchester, on the Present State of the Tubercle Question; Dr. Edson, of Roxbury, on Lead Pipe and its Substitutes; Dr. Monroe, of Medway, on Opium Antagonism; Dr. Green, of Dorchester, on the Bromides; Dr. Faulkner, of Jamaica Plain, on Hippo-phagy; Dr. Burgess, of Dedham, on Professional Novelties of the Previous Six Months; and Dr. Arnold, of Roxbury, on Ventilation practicable in ordinary Sick Rooms.

Dr. Z. B. Adams, of Framingham (late of Roxbury), delivered the annual address, on True and False Medical Science. It was an interesting production, and was listened to with great attention. At its close, the thanks of the Society were voted for the "able and learned address."

Dr. Martin, of Roxbury, was appointed to read the annual address for next year.

Dr. Martin gave an account of his reception as a delegate to the American Medical Association, and of some of the doings of that body.

At a quarter past one o'clock, adjourned.

A NEW WORK ON OPHTHALMOLOGY.—A complete treatise on Diseases of the Eye, by J. Soelberg Wells, is to appear in London next October. It will contain from 750 to 800 pages, and be illustrated by 150 wood cuts and numerous chromo-lithographs of ophthalmoscopic appearances, taken by permission from Liebreich's Atlas. The original stones are to be used in getting these impressions. Mr. Wells is well known as thoroughly skilled in modern ophthalmic science, and his acceptability as a writer has been shown in his treatise on accommodation and refraction, entitled "Impaired Vision."—*New York Medical Journal*.

Dr. J. MARION SIMS has been elected a corresponding member of the Obstetrical Society of Berlin.

Bibliographical Notices.

A Manual of the Dissection of the Human Body. By LUTHER HOLDEN, F.R.C.S., Lecturer on Anatomy at St. Bartholomew's Hospital, London. With Notes and Additions, by ERSKINE MASON, M.D., Demonstrator of Anatomy in the College of Physicians and Surgeons, New York. Illustrated with numerous Wood Engravings. New York: Robert M. DeWitt. 1868. 8vo. Pp. 588.

This is an American reprint of the English edition of Mr. Holden's Manual of Dissections, first published in London in 1851. But little has been added by the American Editor, as he himself tells us in his preface. His remarks on arterial and muscular anomalies are useful supplementary notes to the original. We cannot but think his references to surgeons who have tied this or that artery, out of place in a Dissector's Manual; and we are sorry that he perpetuates the error of attributing the section of the palatine muscles in the operation of staphylorrhaphy to Sir William Ferguson, rather than to the late Dr. J. Mason Warren, who seems now to be recognized as the first to employ it. The addition of Ellis's tables is a valuable one. The only other change from the London edition is the placing of the heads of paragraphs in large letters. The wood-cuts are evidently printed from the blocks of the second English edition. They are worn and obscure, making up in ink what they lack in sharpness of outline. The American edition is furnished cheaper than the foreign one; and is thus rendered more accessible to the American student.

Holden's Manual of Dissections is not equal to his Osteology, published in 1855. As compared with other Dissector's guides, it has the merit of simplicity and plainness, and of adding some practical observations on surgical anatomy; but it is far inferior to Ellis in thoroughness, while Hodges surpasses it in brevity.

It is said that M. Nélaton has gone to Stockholm to operate upon Baron de Hoepner, the Grand Marshal of the Swedish Court, for a tumor. The fee offered to the eminent surgeon on this occasion is said to be \$20,000, his travelling expenses being paid beside.

MESSRS. LINDSAY & BLAKISTON, of Philadelphia, have issued the *fifth* edition of Dr. Durkee's work on Gonorrhoea and Syphilis.

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BOSTON: THURSDAY, MAY 21, 1868.

HOW TO STUDY MEDICINE.—No. I.

OF all the many branches of learning which go to make up the profession of medicine, there are but two which can be considered exact sciences; these are Anatomy and Chemistry. All the others are inexact, variable and imperfectly known. On these two foundation-stones does all the edifice of medicine rest. Remove them, and the whole of medicine as a science, and very much of it as an art, falls to the ground. Growing out of these two sciences, and approaching nearest to them in exactness, are Pathology and Physiology. Surgery follows next, as the most tangible and the most direct portion of the art. Beyond these, we flounder in a sea of uncertainties, such as Theory and Practice, *Materia Medica* and Therapeutics, and other portions of medicine wholly empirical. Certain it is that no solid improvements have been made in medicine which did not originate in anatomy and chemistry; and that all the most eminent physicians have been well grounded in a knowledge of them. So well are these facts recognized by the whole profession, that all schemes of medical education include these two branches as among the earliest studies to be pursued. But much difference of opinion exists as to the mode of teaching them. Both as unchangeable facts, and on account of the discipline they afford the mind, they bear much the same relation to medicine that mathematics do to the other branches of knowledge. Anatomy is the same now as it was centuries ago; its teachings are facts, its advances only an unfolding and expanding of pre-existing truths. Chemistry demands experiments, rests on recorded results, and deals with natural but permanent forces. They both strengthen the memory and the reasoning faculty of the student. He who masters them has gained absolute knowledge—a knowledge that he can never wholly lose, and a knowledge on which he must base his whole professional career. The possession of such knowledge distin-

guishes the scientific physician from the empiric.

At the risk of repeating platitudes, we have thought it necessary to dwell on the great importance of these two branches. We next inquire, when and how shall they be learned?

Human anatomy, as the corner stone, claims our attention first. Anatomy may be learned by books, by plates or preparations, and by dissections. It may be taught by lectures, by demonstrations, and by recitations. It may be studied as systematic, regional, comparative, or transcendental anatomy. Practically, how is it taught in our day, and in our schools?

In fact, the unfortunate student of medicine is allowed to run loose. Coming up to his first course of lectures ignorant of what he wants, and perhaps untrained by previous study, he has presented to him the whole range of professional literature from which to choose. No classification is attempted according to age and acquirements. Each student must choose for himself. And although he may be advised to give up his earlier months to anatomy, he knows that no test of his knowledge will be required until his examination, three years hence, and that even then *practical anatomy* as learned by dissection is left to his *option*, whether he will dissect or not. Even if animated by the most sincere desire to learn, he is confused and left behind in the lecture-room among older students. New facts are presented, before his mind can digest the old ones; and in nine cases out of ten he goes home at the close of his first lecture-course with a hopeless muddle of unassimilated knowledge. An experience of eight years in teaching anatomy warrants us in attempting to answer the questions, how, when, and how long, he should be required to study this branch.

Books he must study by, but books are too numerous and too voluminous. Their multiplication is wholly unnecessary, except in the department of histology. The simpler the book, the better; and if it is not illustrated he will need but one. If it is, he will require a manual for the dissecting-room besides. We hold that no book, illustrated as Gray's Anatomy is, should be carried into the dissecting-room. It is like

an English translation of Virgil or Homer in recitation. Its influence for evil by leading to a neglect of the scalpel, and to the habit of verifying facts by the plate rather than by the dissection, is greater than any benefit that can be derived from it as a guide to the inexperienced dissector. The book to study by for recitation or lecture should be a systematic anatomy; the book to dissect by should be regional.

Plates and preparations may be valuable assistants to the student who is shut out from other privileges; but neither they nor models and manikins, however skilfully made, can compete with the lessons of Nature as shown on the dead body itself. To dissect is *the way* to study anatomy; to witness and take part in demonstrations and recitations is the best way to be taught it.

We place all these methods far before the lecture in usefulness. By the lecture system the student is filled with facts, rapidly stated, without any active effort of his own. He is a mere passive recipient of what he hears; and, as passively, a large part goes through his mind without leaving any permanent impression. When he dissects he must know what he is doing; he cannot unfold parts without thinking of them. What he does himself he remembers. What he puzzles out for himself he retains. Certainly, he should take no step without oversight. The teacher should direct him in the beginning of each dissection. But once fairly started, he should be allowed to work it out alone.

In like manner, the demonstration and recitation demand his active coöperation. He cannot remain passive. Such demonstrations we have, for the last five years, been in the habit of conducting by letting the students prepare in turn a dissection; and then recite on it and demonstrate it before the whole class, and under the teacher's eye. That principle of emulation which is found to be the motive power of so many pursuits in life is thus called into play; first, to induce a good dissection, and, second, a good recitation. All this can be as well adapted to a large class, as the lecture is, if time and teachers enough are employed.

Should anatomy be taught systematically

or by regions? We answer, by both in turn. The young student must first go through his anatomy by systems, taking up first the bones, next the ligaments, then the muscles, and so on. But after he has done this, he must apply his knowledge to filling up regions. Purely systematic anatomy is of no use to the physician or surgeon. We cannot investigate disease nor surgical growths or injuries by systems. We must follow the order of nature, and take things as they lie. The hand, for instance, contains skin, fat, fasciæ, muscles, vessels, nerves, ligaments, bones. We must know them relatively to each other, and not singly or by groups, in order to treat the wounded hand or the broken bone. Hence surgical anatomy grows directly out of regional, and regional out of systematic. To neglect the one, is to render the other mere useless knowledge, which can never be applied.

Finally, comparative and transcendental anatomy (the anatomy of analogies) give a finish and completeness to the student's acquirements, if he should have time left to pursue them. Anatomy should be studied, with chemistry, to the exclusion of other branches, the first year. The young student should first use systematic treatises and lectures; he should very soon pass to dissections, demonstrations and recitations, and to these give the most of his time. Then he should pursue his anatomy by regions, and, lastly, apply it to surgery and to diagnosis.

In order to give Dr. Borland's article entire, we furnish this week four extra pages. We are sure that our readers will appreciate the value of the statistics of pneumonia as treated at the City Hospital; the large number of cases reported will render the tables worthy of being preserved, while they compare not unfavorably in results with the cases of Bennett and Chambers.

APPOINTMENT.—At a recent meeting of the Trustees, Dr. B. E. Cotting, of Roxbury, was unanimously chosen one of the Board of Consulting Physicians and Surgeons to the Boston City Hospital, in place of Dr. John Homans, deceased.

THE PHYSIOLOGICAL AND THERAPEUTIC ACTION OF BROMIDE OF POTASSIUM.—We give an abstract of a review in the *Gazette des Hôpitaux* of a recent work on this subject by MM. Martin-Damoquette and Pelvet. They were led to investigate the subject, clinically and by experiments on animals, from the effects of the salt observed in a patient affected with epilepsy.

In frogs, small doses produced sleepiness, sluggish respiration, slackening of the capillary circulation and of the pulsation of the heart. With larger doses there was pain at the point of injection, followed by muscular twitchings of the neighboring parts, and soon of the more distant, then enfeeblement of motion and of sensibility, gradual diminution of cardiac and capillary circulation, which proceeded to complete cessation and death.

The irritability of a muscle or of the heart is extinguished in one to three minutes by the contact of the bromide, solid or in solution. The motor-sensitive nerves lose their excitability by the direct contact of the bromide. The excitability of the spinal cord is also directly extinguished by it. The brain is also affected; a true anæsthetic sleep is produced like that by chloroform or ether. The respiratory movements are at first enfeebled, then abolished. The heart is paralyzed like all the other muscles, but far from being especially affected, it resists longest in cases of regular bromism. The capillary circulation is constantly lessened. The lowering of temperature is constant. The urinary secretion is the only one much affected in animals; it is always increased.

The constipation which many patients present under treatment by the bromide shows a decrease of the intestinal secretion, and, moreover, lessened sensibility and contractility of the muscular layer of the intestines. The same effect is produced in the pharynx, œsophagus and bronchi, and in all the muscles of organic life. This explains the success of the bromide in spasm of those muscles (dysuria, dysphagia, whooping-cough, asthma, &c.). MM. Martin and Pelvet have not seen marked salivation, angina, coryza, bronchorrhœa or lachrymation, and they think the authors who have reported these have used an iodized bromide, or, at least, very large doses of bromide.

The anaphrodisiac property of the bromide resides chiefly, if not wholly, in its vaso-motor influence, which appears to be the only one common to all the more certain anaphrodisiacs.

The effects of the bromide are always di-

rect, that is, due to the conflict of this agent with the tissues, whether at the point of application, where it is carried by the circulation, or in the organs of elimination. The greater abundance of the bromide at the point of application and on the surfaces of elimination explains its more speedy and intense action in those parts. The specific character of the bromide consists in its affecting equally the functions of the sensitive and motor nerves, the brain and spinal cord, as well as the muscles. The sensitive nerves are blunted before the motor; these before the spinal cord, and the cord before the muscles. The heart alone often resists for some hours. From the commencement the capillary circulation and the pulsation of the heart are diminished, and the lowering of the temperature is dependent on this. The respiration is only influenced through the muscles. The secretions of the mucous membranes and the skin are reduced in proportion to the anæmia of their surfaces. The genital depression is due to the contraction of the afferent vessels of the corpus cavernosum.

The general sedative effect of the bromide on the nervous, muscular and vascular systems, explains the success obtained by its employment in general or local neurosis or hyperæmia without the necessity of theorizing with regard to any special affinities.

PHYSIOLOGY.—A case, very interesting under a physiological point of view, presented itself at the Hotel Dieu, in the wards of Professor Richet. It was a wound a little above the wrist, injuring the tendons of the palmaris longus, flexor carpi radialis, flexor sublimis digitorum, and also of the median nerve which was completely divided. The most interesting point connected with this case is that the peripheral end of the median nerve was painful, when touched, whilst the fingers to which the branches of that nerve were distributed, retained the property of feeling. There are but two very well known cases of complete division of the median nerve alone, and they both were observed by Dr. Nélaton, who witnessed the same phenomena. To explain the persistence of the sensibility, it was said that in these cases there must be some anomaly in the median nerve or the others, some anastomoses, but neither Professor Richet, nor Dr. Sappey, who are profound anatomists, have ever heard of, or seen any such anomaly. Dr. Richet came to the conclusion, that the sensibility of the peripheral end of the median nerve upon being

touched, was sufficiently explained by the *nervi nervorum* discovered by Dr. Sappey, and which, in this case, are furnished to the median nerve by the radial and the ulnar, in the palm of the hand. As for the preservation of the tactile property which the fingers retained, Drs. Cruveilhier and Robin have demonstrated that on the fingers the corpuscles of tact receive branches from the median, the radial and the ulnar, which thus freely anastomose, so that it matters very little which of these three nerves is wounded, the tactile property will always be preserved, and cannot be lost except all three be completely divided at the same time on the same subject.—*Union Médicale*.

DISEASES OF THE BREAST IN THE MALE.—

A record of twelve cases of disease of the male breast occurring in the practice of Mr. Thos. Bryant at Guy's Hospital, during the past few years, is given in the *Lancet*. Eight of these cases were of inflammation of the gland, in two of which suppuration occurred; the other four were cases of hypertrophy of the gland, and in one of them was a tumor having the clinical character of the chronic mammary tumor. In six of the former cases no cause was discovered; in three of these both breasts were affected, the disease appearing in both at the same time in two, in the third one breast becoming affected after the other was cured; in one of the three an abscess formed in one breast, apparently due to a blow received after the commencement of the disease. The other two cases were caused by pressure, and in one of these also an abscess formed. The disease had existed from one week to some months before the patients were seen. All recovered under local fomentations and tonics.

The four cases of hypertrophy had existed for some years; pressure was advised, but only one remained under observation, and in this no improvement was manifest after some weeks. The man with supposed chronic mammary tumor declined to have it removed.

BRISTOL SOUTH DISTRICT MEDICAL SOCIETY.—

At the annual meeting of the above Society, held in New Bedford, May 13th, the following officers were elected for the ensuing year:—

President—J. H. Mackie, New Bedford.
Vice President—J. Dwelly, Fall River.
Secretary, Treasurer and Librarian—F. H. Hooper, New Bedford. *Councillors*—Andrew Mackie, New Bedford; J. Haskell,

Rochester; Foster Hooper, Fall River; F. D. Bartlett, South Dartmouth; W. W. Comstock, Middleboro'; C. L. Swasey, New Bedford. *Censors*—C. D. Stickney, New Bedford; P. F. Doggett, Wareham; W. E. Sparrow, Mattapoisett; I. Smith, Jr., Fall River, and F. H. Hooper, New Bedford. *Commissioner on Trials*—John Spare, New Bedford. *Committee of Arrangements*—F. H. Hooper, New Bedford; W. W. Comstock, Middleboro'; C. L. Swasey, New Bedford. *Orator*—C. L. Swasey, New Bedford. *Essayist for semi-annual meeting*—Henry Johnson, New Bedford; I. Smith, Jr., Fall River, alternate.

Dr. John Spare, New Bedford, delivered an able and excellent oration on the "Prevalent Spirit of Contested Muscular Exploits." The Society tendered the orator a vote of thanks, with the request that the address be printed: and a committee was appointed to attend to the publication of the same.

Drs. F. H. Hooper and C. L. Swasey, of New Bedford, were called upon, and gave an interesting report of the meeting of the American Medical Association, recently held at Washington, which they attended, after which the Society adjourned to the Parker House, where they partook of a dinner served up in excellent style. After dinner, the Board of Censors held a meeting in the rooms of Dr. F. H. Hooper at the Parker House.

Dr. E. S. Gaillard, editor and proprietor of "*The Richmond Medical Journal*," Va., having resigned the Professorship of General Pathology and Pathological Anatomy in the Medical College of Virginia, and having accepted a similar Professorship in the Kentucky School of Medicine, the *Journal* mentioned will, hereafter, be published at Louisville, Kentucky. The title of the *Journal* will be "*The Richmond and Louisville Medical Journal*." The following Gentlemen have become Associate Editors of this work: Professors G. S. Bedford, New York; T. S. Bell, Louisville, Ky.; J. C. Cabell, University of Virginia; S. E. Chaillé, New Orleans; S. C. Chew, Baltimore, Md.; J. J. Chisolm, Charleston, S. C.; S. H. Dickson, Philadelphia; F. H. Hamilton, New York; J. M. Holloway, Louisville, Ky.; L. S. Joynes, Richmond, Va.; Z. Pitcher, Detroit, Michigan; Lewis A. Sayre, New York; Alfred Stillé, Philadelphia; T. Gaillard Thomas, New York; W. H. Van Buren, New York. All communications should be addressed to E. S. Gaillard, M.D., Locked Box 29, Louisville, Ky.

Selections and Medical Items.

SUBCUTANEOUS INJECTIONS OF SUBLIMATE IN SYPHILIS.—These have been proposed and practised by an Italian surgeon, who has recorded his cases in the *Annali di Medicina*, 1867. It would appear that this method has found an echo in Berlin. Dr. G. Lewin has treated 500 cases in this manner, and inserted the results in the *Charité Annalen*, 1868. The author, in many cases, combined other means with the injections. He has been pretty successful, and states that relapses have been fewer than in cases treated by the ordinary methods.—*Lancet*.

NEW MODE OF COMPRESSION OF ARTERIES.—Now that digital compression has done wonders, some surgeons find it to be very tedious, difficult of execution, &c.; so M. Larazin, of Strasburg, proposes to steady the limb by a starch bandage, and marking on the latter, when dry, the course, say of the femoral artery. Two fenestræ are now to be cut through the bandage where compression is to take place, and cork pads fitted into the fenestræ, the former rising two or three inches above the bandage. By rollers carried around the pads, and made more or less tight, compression is effected, the starch bandage preventing the rollers from acting upon the circumference of the limb.—*Ibid*.

A SURE SIGN OF DEATH.—M. Martenot de Cordoux, of the Lyons Military Hospital, states the following as an infallible means of deciding on the certainty of death—a matter of more importance on the Continent than with ourselves, owing to the precipitancy of interments there. Bring the flame of a candle in contact with a finger or toe for a long enough time to raise an ampulla or bladder. If this contain serosity, life is certainly still present, while, if it burst, discharging nothing but vapor, life is as certainly extinct. In one word, a dry vesicle is the sign of death, a liquid one of life.—*Gaz. Méd. de Lyon*.—*Med. Times and Gazette*.

TAR-WATER IN CATARRH OF THE BLADDER.—Numerous observations have shown positively the indisputable efficacy of tar in the treatment of catarrhs of the bladder; it is the best modifier of the mucous membranes of all the genito-urinary organs. Its action is prompt and remarkable; it increases the urinary secretion, facilitates the exit of the urine, and calms the intolerable pains which are known only to those affected with this disease. Tar-water is prescribed in these affections by the mouth and by injections in the following doses:—For injections (three times daily), 1 part of tar-water to 4 parts of water. As a drink (five times daily), a teaspoonful of tar-water to a cup of water. Observations made at the hospitals for the aged, in Paris.—*L'Eveil Médical*.

THE MILK OF SYPHILITIC NURSES.—Dr. Padova has inoculated this milk on some healthy individuals; and as the result of the operation was negative, he hastily concludes that this fluid has no infectious properties, forgetting that the milk placed under the skin, and the same secretion obtained by suction, and reaching the stomachs of

children, are widely different in their effects.—*Lancet*.

CHOLERA FUNGUS.—At a meeting of the London Pathological Society Dr. Sanderson read a report on a specimen of the cholera fungus described by Professor Hallier, which had been cultivated on an acid surface—that of a cut lemon—and forwarded to this country by Dr. Thomé. As far as we could learn, this fungus differed in no respect from the ordinary forms of penicillium.—*Medical Times and Gazette*.

DEATH OF PROFESSOR JARJAVY.—The Paris Faculty of Medicine has sustained a serious loss by the death of Professor Jarjavy, who, after having taught Anatomy in the Faculty for several years, was promoted at the commencement of the present year to the Chair of Clinical Surgery, which M. Nélaton's retirement had left vacant.

MEDICAL DIARY OF THE WEEK.

MONDAY, 9 A.M., Massachusetts General Hospital, Med. Clinic; 10 A.M., Medical Lecture. 9 A.M., City Hospital, Ophthalmic Clinic.

TUESDAY, 9 A.M., City Hospital, Medical Clinic; 10 A.M., Medical Lecture. 9 to 11 A.M., Boston Dispensary. 10-11 A.M., Massachusetts Eye and Ear Infirmary.

WEDNESDAY, 10 A.M., Massachusetts General Hospital, Surgical Visit. 11 A.M., OPERATIONS.

THURSDAY, 11 A.M., Massachusetts General Hospital, Clinical Surgical Lecture.

FRIDAY, 9 A.M., City Hospital, Ophthalmic Clinic; 10 A.M., Surgical Visit; 11 A.M., OPERATIONS. 9 to 11 A.M., Boston Dispensary.

SATURDAY, 10 A.M., Massachusetts General Hospital, Surgical Visit; 11 A.M., OPERATIONS.

A Bulletin of Expected Operations, in both the Hospitals, will be found, weekly, at the office of the Boston Medical and Surgical Journal, and at Messrs. Codman & Shurtleff's, 13 and 15 Tremont Street.

TO CORRESPONDENTS.—Communications accepted:—On a New Uterine Scarificator.—Reports from the Essex North District Medical Society, No. 1.—A Case of Suppuration in the Peritoneal Cavity.

Communication declined:—A Case of Unexplained Foreign Bodies discharged from the Bowels.

BOOKS AND PAMPHLETS RECEIVED.—The Variation of Plants and Animals under Domestication. By Chas. Darwin, M.A., F.R.S. Authorized American Edition. With a Preface by Prof. Asa Gray. New York: Orange Judd & Co.—The Economy of the Animal Kingdom, considered Anatomically, Physically and Philosophically. By Emanuel Swedenborg. 2 vols. Boston: T. H. Carter & Sons. 1868.—Clinical Observations in the Ophthalmic Department of the Rochester (N. Y.) City Hospital. By Charles E. Rider, A.M., M.D., &c.

DEATHS IN BOSTON for the week ending Saturday noon, May 16th, 111. Males, 55—Females, 56.—Accident, 2—anaemia, 2—apoplexy, 1—inflammation of the bowels, 2—congestion of the brain, 2—inflammation of the brain, 2—bronchitis, 7—cancer, 1—consumption, 17—convulsions, 1—croup, 1—debility, 3—diarrhoea, 1—dropsy of the brain, 4—drowned, 1—dyspepsia, 1—epilepsy, 1—erysipelas, 2—scarlet fever, 3—gangrene, 1—gastritis, 1—disease of the heart, 4—infantile disease, 1—intemperance, 1—jaundice, 1—disease of the kidneys, 2—disease of the liver, 1—congestion of the lungs, 3—inflammation of the lungs, 7—marasmus, 2—measles, 2—old age, 4—paralysis, 1—peritonitis, 3—premature birth, 1—puerperal disease, 1—rheumatism, 1—disease of the spine, 1—suicide, 1—syphilis, 1—teething, 1—unknown, 15—whooping cough, 1.

Under 5 years of age, 41—between 5 and 20 years, 12—between 20 and 40 years, 25—between 40 and 60 years, 15—above 60 years, 18. Born in the United States, 80—Ireland, 25—other places, 6.